

# Administrative Staff Checklist

Name: \_\_\_\_\_

School: \_\_\_\_\_

Room or Area: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Signature: \_\_\_\_\_

## Instructions

1. Read the *IAQ Backgrounder* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
  - Check the “yes,” “no,” or “not applicable” box beside each item. (A “no” response requires further attention.)
  - Make comments in the “Notes” section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

## 1. GENERAL CLEANLINESS

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1a. Ensured that offices are dusted and vacuumed regularly.....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Ensured that trash is removed daily .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1c. Ensured that no food is stored in the office overnight.....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1d. Ensured that the room is free of pests and vermin.....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1e. Used unscented, school-approved cleaners and air fresheners, if any, in rooms ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. EXCESS MOISTURE IN OFFICES

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 2a. Ensured that condensate is wiped from windows, windowsills, and window frames.....         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Ensured that cold water pipes are free of condensate .....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Checked that indoor surfaces of exterior walls are free of condensate.....                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Checked that areas around and under sinks are free of leaks.....                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Ensured that lavatories are free of leaks .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Checked ceiling tiles and walls for leaks (discoloration may indicate periodic leaks)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Ensured that spills are cleaned promptly .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. THERMAL COMFORT

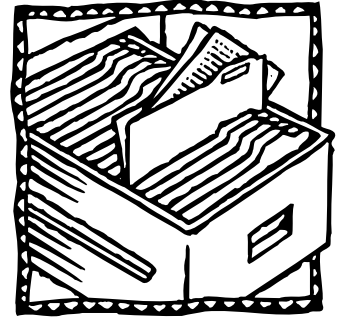
- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 3a. Ensured moderate temperature (should generally be 72°F–76°F) .....         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Ensure that there are no signs of draftiness.....                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Maintained humidity at acceptable levels (between 30 and 60 percent) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 4. VENTILATION

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 4a. Located unit ventilator .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Located air supply and return vents .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that air is flowing from supply vent.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Ensured that the air supply pathway is not obstructed.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Ensured that there are no vehicle exhaust, kitchen/food, and chemical odors .....                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Ensured that there are no signs of mold or mildew (refer to <b>Appendix H</b> of the <i>IAQ Reference Guide</i> ) ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Determined operability of windows.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 5. LOCAL EXHAUST FANS

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 5a. Located major pollutant-generating activities, if any..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5b. Located exhaust fan(s), if any .....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5c. Determined that fans operate.....                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5d. Ensured that adjacent rooms are free of odor.....          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## 6. PRINTING/DUPLICATING EQUIPMENT

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 6a. Checked for odors from equipment.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6b. Ensured that equipment is maintained regularly (date of most recent servicing is usually documented on the machine).....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6c. Checked that equipment functions properly.....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6d. Ensured that duplicating equipment, printers, and copiers are located in a well-ventilated area, preferably in a separate room with an exhaust fan vented to the outside..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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## NOTES